

APPLICATION FOR REZONING

TO: THE CITY OF LOWELL

DATE FILED: _____

The undersigned does (do) hereby respectfully make application and request to the City of Lowell to amend the Zoning Ordinance and/or change the Zoning Map of the City of Lowell as hereinafter requested and in support of this application the following facts are shown:

- 1) It is requested that the real property hereinafter described be rezoned from:

- 2) The real property sought to be rezoned is owned in fee simple by:

_____ as evidenced in Deed Book _____ Page _____ of the Gaston County Register of Deeds Office. There are no restrictions or covenants of record appearing in the chain of title which would prohibit the property from being put to the use specified in Paragraph 1 of this application.

- 3) The address of the real property sought to be rezoned is: _____ and / or a further legal description by metes and bounds of said realty is attached to this application.

- 4) The real property sought to be rezoned is located on the _____ side of _____
 _____ between _____ and _____
 (street) (street)
 _____ and further identified in Gaston County as Parcel(s) ID _____
 Said Lot(s) has (have) a frontage of _____ feet and a depth of _____ feet,
or _____ acres.

- 5) The following are all the adjoining property owners who own land adjacent to all sides, front and rear, which shall include properties across the street from the property sought to be rezoned. The names and addresses listed below shall be determined

by the most recent tax listing as recorded in the Gaston County Tax Office. (Use additional pages if necessary.)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 6) The applicant understands that a letter stating the date, time and place for the Public Hearing for the rezoning of said property will be mailed to each of the parties listed in Paragraph 5 at least ten (10) days prior to the said Public Hearing.
- 7) If the applicant is not the legal owner of the property sought to be rezoned, the legal owners names and addresses shall be listed below. Owners shall be determined by the most recent tax listing as recorded in the Gaston County Tax Office. (Use additional pages if necessary.)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

- 8) A map or drawing identifying the real property requested to be rezoned and all attached properties with their designated zoning districts shown shall be attached to this application.

Applicant(s) Name: _____

Address: _____

Telephone: _____

Email: _____

Applicant's Signature: _____

Date Signed: _____

City of Lowell
101 West First Street
Lowell, NC 28098
Telephone: (704) 824-3518